

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Bridget Heffron

Phone Number: 517-284-1210

Initial

Public Comment

Final

Brief description of policy:

The purpose of this bulletin is to return policy language to the BEM that was previously removed when the manual was reformatted.

Reason for policy (problem being addressed):

To ensure policy language is aligned with the language from the Miller lawsuit.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes - under a lawsuit.

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2248-Eligibility	Date: November 23, 2022

Comments Due: December 28, 2022
Proposed Effective Date: January 1, 2023
Direct Comments To: Bridget Heffron
Address:
E-Mail Address: Eligibilitypolicy@michigan.gov
Phone: 517-284-1210 **Fax:**

Policy Subject: Pre-Eligibility Medical Expenses (PEME) Affected Programs: Medicaid Extended Care Category Distribution: Bridges Eligibility Manual (BEM) Holders Summary: The purpose of this bulletin is to return policy language to the BEM that was previously removed when the manual was reformatted. Purpose: To ensure policy language is aligned with the language from the Miller lawsuit. Cost Implications: Budget neutral Potential Hearings & Appeal Issues: Few if any

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Bulletin Number: MMP 22-48

Distribution: Bridges Eligibility Manual (BEM) Holders

Issued: November 23, 2022

Subject: Pre-Eligibility Medical Expenses (PEME)

Effective: January 1, 2023

Programs Affected: Medicaid Extended Care Category

The purpose of this bulletin is to return policy language to the BEM that was previously deleted. BEM 546 will be updated to include the following language:

The offset of the Patient-Pay Amount (PPA) is only allowed if the money is used to pay the provider(s) for the incurred medical expense and will be terminated if the recipient fails to pay the provider.

Offsets will be applied to the months following an approval. In general, the allowable expenses are the same as allowed for a group 2 deductible case.

In addition, the medical expense(s):

- The expenses were incurred in the three months prior to the initial approved application for Long Term Care (LTC) Medicaid.
- Request for PEME must be made within one year after eligibility for LTC Medicaid has been established and prior to the first LTC Medicaid redetermination following the initial approved LTC application.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Bridget Heffron via e-mail at eligibilitypolicy@michigan.gov.

Please include "Pre-Eligibility Medical Expenses" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Bridges Eligibility Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Farah Hanley
Chief Deputy Director for Health